PTO'SB/06 (04-03)

Approved for use rivough 1/3 1/2006, OMB 9651-0032

U.S. Patert and Tradement Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD					780000
Substitute for Farm PTO-875					
CLAIMS AS FILED - PART I (Column 1) (Column 2)		SMALL ENTITY	OR -	OTHER THAN SMALL ENTITY	
FOR	Mumber filed	MUMBER EXTRA	RATE FEE	4	RAIE FEE
BASIC FEE (37 CFR 1.16(a))	1-		3	OR	\$
TOTAL CLAIMS (37 CFR 1,16(c))	minus 20 =		x 8•	OR	X Same
INDEPENDENT CLAIMS	S minus 3 .	: /	x 5 •	OR	x \$
MULTIPLE DEPENDENT CLASS PRESENT (07 CFR 1.1661)			+5	OR	٠,
" If the diliterace in column 1 is loss than zoro, enlar "O' in column 2.			TOTAL	OR	TOTAL
CLAIMS AS AMENDED - PART II					
2000		(Calumn 2) (Calumn 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
4 6	CLAIMS TEMAINING	HIGHEST NUMBER PRESENT	RATE ADDI-)	RATE ADDIV
1 WI — — — — — — — — — — — — — — — — — —	MENDMENT	PAID FOR	FEE	4	F/E
Total co cra v. up co	Mirks "	25	15	OR	x1
Z tradependent (27 CFR 1,140A))/-T//_	1	25	OR	x1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR VIOLOS)			l. L	OR	<u> </u>
	•	. :	ADOL FEE	OR '	ADDL PEE
	Column 1)	(Column 2) (Column 3)		7	
	A	HIGHEST HUMBER REVIOUSLY "EXTRA"	RATE ADDI-		RATE ADDI-
Total	MENDMENT Minus "	PAID FOR			x1
Z independent .	2. " Minis"	3 7	x3	OR	* \$ <u></u> *
FIRST PRESENTATION OF MARTIPLE DEPENDENT CLAIM GT CFR 1.16603			1 1	QR	+1
1.12017			TOTAL ADDL PEE	OR	TOTAL ADD'L FEE
ANE	(Keg, fix 1	(Column 2) (Column 3)		<u> </u>	
///////////////////////////////////////	CLAIMS REMAINING	HIGHEST HUMBER PRESENT	RATE ADDI		RATE ADDI-
1 - 1 / ///// 1 -	AFTER I	PADFOR EXTRA	TIONA	닠	FEE
Total .	/// Minus	201-	x 9	OR	**-
Z Independent *	3 Minus	3 -		OR:	x3
FRST PRESENTAT	.,	OR.			
10 andt Changes to Changes for ADDIFEE					
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, criter "20".					
"If the "Highest Number Previously Paid for th This SPACE is less than 3, enter "7. "If the "Highest Number Previously Paid for th This SPACE is less than 3, enter "7. "If the "Highest Number Previously Paid for the This SPACE is less than 3, enter "7.					

The "Righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to bite [and by the This collection is estimated to take 12 minutes to complete. USPTO to process) an application. Confidentiality is governed by 15 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gasthering, preparing, and submitting the complete application from to the USPTO. Time will vary depending upon the individual case. Any comments including gasthering, preparing, and submitting the complete this form and/or suggestions for reducing this learner, should be sent to the Chief triormation Officer, U.S. Petern on the application for your requires to complete this form and/or suggestions for reducing this learner, should be sent to the Chief triormation Officer, U.S. Petern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patientic, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.